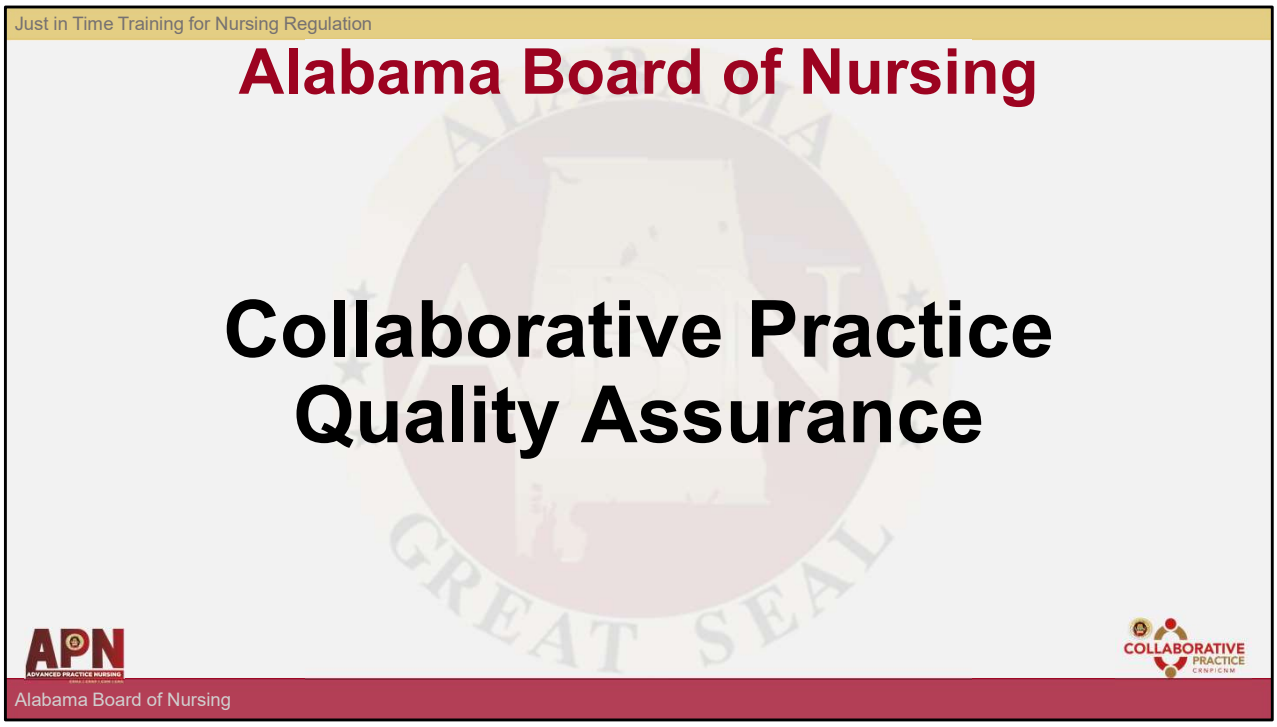
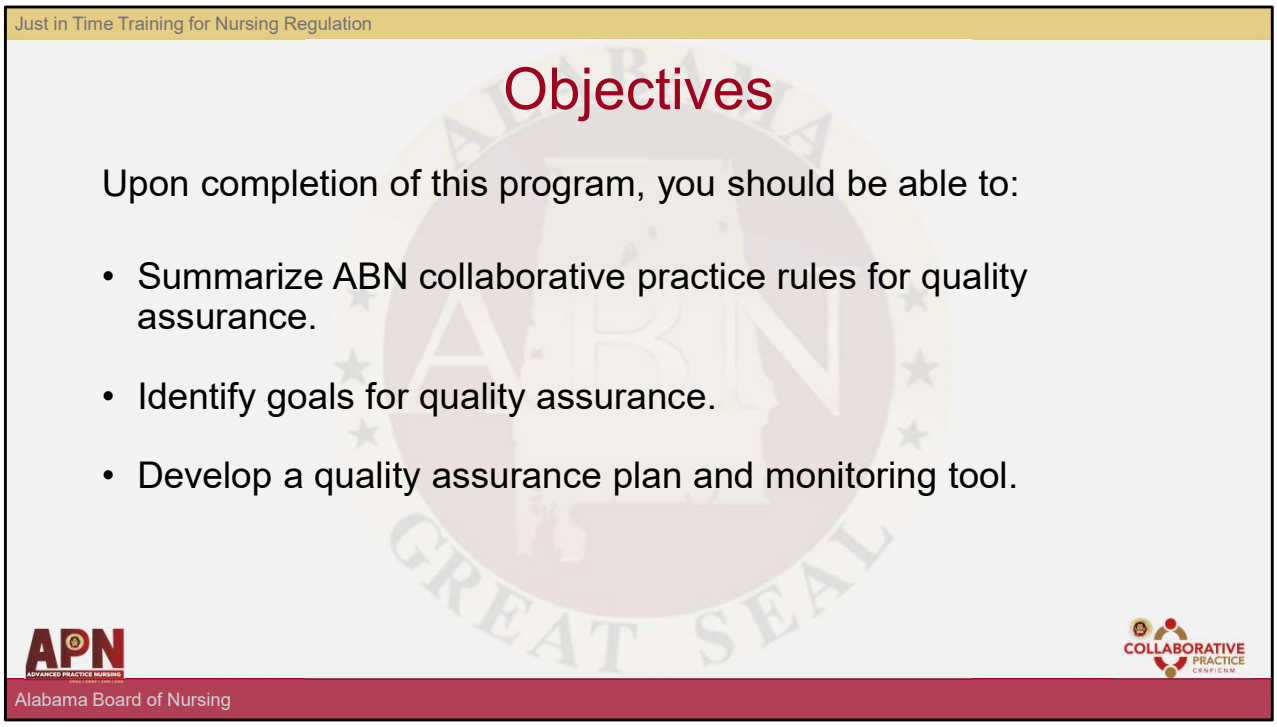


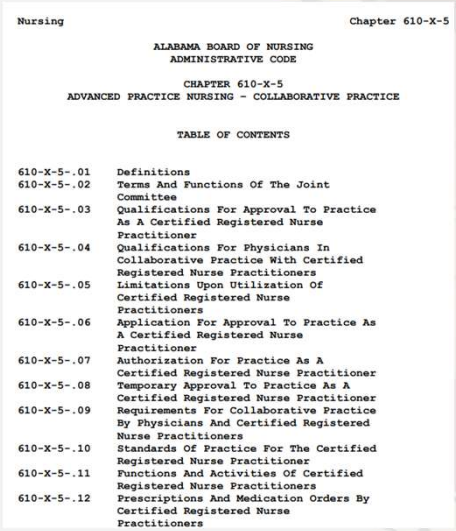
Welcome to the Alabama Board of Nursing's just in time training for nursing regulation. This video will provide information on the quality assurance requirements for collaborative practice.



Upon completion of this program, you should be able to:

- Summarize ABN collaborative practice rules for quality assurance.
- Identify goals for quality assurance. And,
- Develop a quality assurance plan and monitoring tool.

Introduction



Nursing Chapter 610-X-5

ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-5
ADVANCED PRACTICE NURSING - COLLABORATIVE PRACTICE

TABLE OF CONTENTS

- Requirements
  - Straightforward, but broad
  - No prescribed QA format.
- Guidance to APRNs
  - Developing your own QA plan
  - To monitor processes
  - Provide patient care

Let's begin by reviewing the requirements for quality assurance in ABN Administrative Code, Chapter 5, Collaborative Practice.
The requirements are straightforward but are fairly broad and do not specify the goals and steps that a quality assurance, or QA, plan might include. The goal of this program is to provide guidance to you in developing your own QA plan and monitoring process as you provide patient care.

Definition: Quality Assurance ("QA")

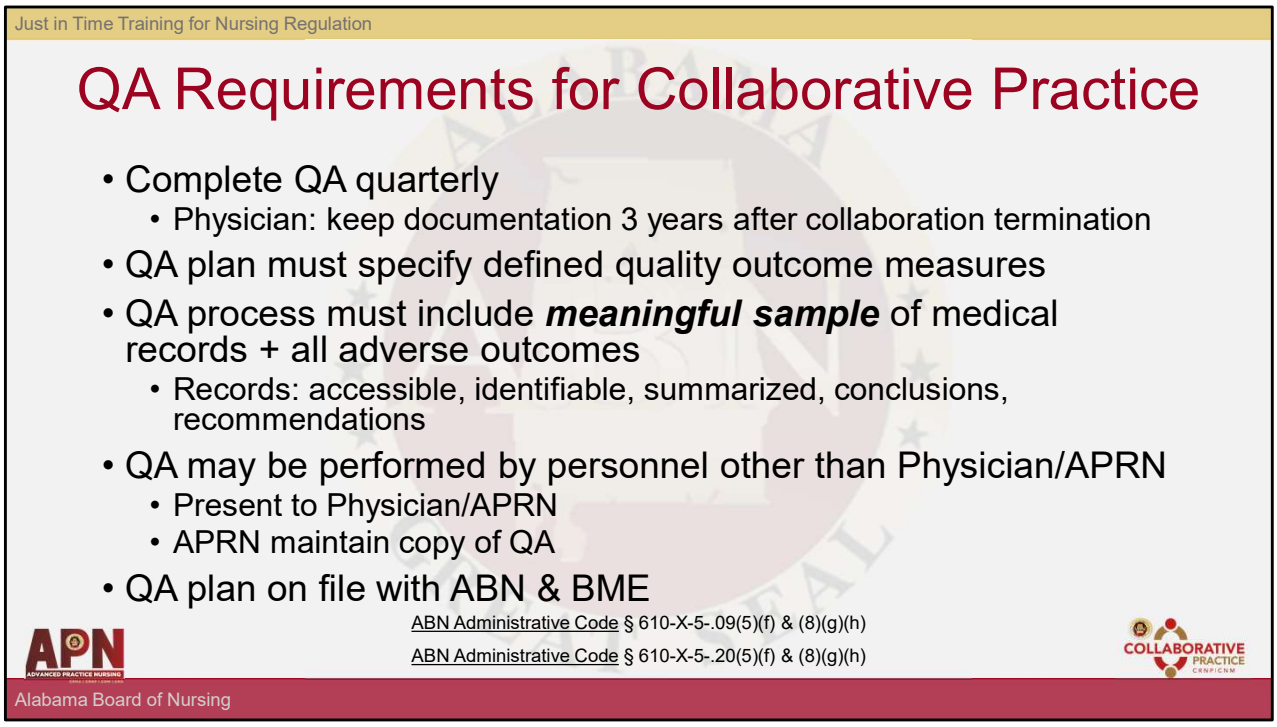
- Documented evaluation of the CRNP/CNM clinical practice
- Defined quality outcome measures
- ***Meaningful*** sample of patient records
- Identify areas needing improvement
- Set performance goals/assess progress
- Summary of findings, conclusions, change recommendations

The physician's signature on the patient record does not constitute quality improvement monitoring.

ABN Administrative Code § 610-X-5-.01(13)

The definition of QA is the Documented evaluation of the clinical practice of the certified registered nurse practitioner or certified nurse midwife against defined quality outcome measures, using a meaningful selected sample of patient records, which will identify areas needing improvement, set performance goals, and assess progress towards meeting established goals, with a summary of findings, conclusions, and, if indicated, recommendations for change. The physician's signature on the patient record does not constitute quality improvement monitoring.

For purposes of this course, advanced practice nurses who engage in collaborative practice will collectively be referred to as nurse practitioners for ease of understanding. For reference, pertinent CNM rules will also be listed where applicable.



The QA requirements for collaborative practice are as follows:

The Collaborating physician & nurse practitioner must complete quality assurance on a quarterly basis, with documentation of such maintained by the collaborating physician for the duration of the collaborative practice and for three years following the termination of the collaborative practice agreement.

The QA plan must specify defined quality outcome measures to evaluate the clinical practice of the nurse practitioner. This QA process must include review of a meaningful sample of medical records plus all adverse outcomes.

Next, documentation of QA reviews must be readily retrievable, identify records that were selected for review, include a summary of findings, conclusions, and, if indicated, recommendations for change.

It is important to note that QA monitoring may be performed by designated personnel, with results presented to the physician and nurse practitioner for review. The nurse practitioner must also maintain a copy of the QA plan.

Finally, the QA plan must be on file with both the Alabama Board of Nursing and the Alabama Board of Medical Examiners. Please note that supplying the document to the Board of Medical Examiners is the **physician's** responsibility.

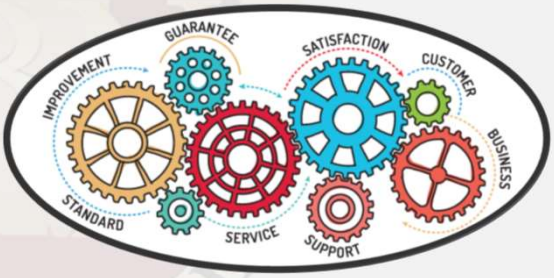
Quality Assurance Planning

- Identification, assessment, monitoring
- Enhance & improve patient care
  - Overall needs of the practice/site
- The plan should:
  - Monitor/evaluate quality & appropriateness of care
  - Recommendations for improvement

QA refers to the identification, assessment, and monitoring of important aspects of patient care and is designed to enhance and improve the quality of care.
When developing the QA plan document, the APRN should consider the overall needs of the practice and the type of patient care that will be delivered at the practice site. Each plan should:
Be objectively and systematically designed to monitor and evaluate the quality and appropriateness of care and include recommendations to resolve any identified problems or gaps in patient care and health management.

Typical QA Goals

- ✓High quality patient care
- ✓Treatment consistent with clinical impression/ working diagnosis
- ✓Appropriate diagnostic procedures/tests/consults
- ✓Efficient use of resources
- ✓Complete & accurate documentation in the medical record



As with all QA planning, considering the overarching goals for QA helps the APRN to identify the desired outcome of the monitoring. Typical goals for QA are to ensure that:

- health care rendered to patients is of the appropriate level and of high quality.
- treatment is consistent with the clinical impression or working diagnosis.
- appropriate diagnostic procedures, tests and/or consultations are obtained relative to the patient's condition.
- patient resources are used in the most efficient and effective manner possible. And,
- complete and accurate medical record documentation occurs.

Step 1: Identify the QA Plan

- Sub-set of patient population
- High-risk problem prone patients from the practice DRG list

Example:
- Type 2 DM, BMI>31
- COPD exacerbation

Now that you understand the goals of the QA plan, it is time to identify the type of patients to review. Examples include:

- A sub-set of the patient population seen within your clinical practice group, such as:
    - The high risk, problem prone patients from the practice DRG list.
    - Patients with Type 2 diabetes and a BMI greater than 31.
    - COPD patients who have had more than 2 exacerbations during the past 12 months.

Example: QA Plan Document

LIST PATIENT DIAGNOSIS GROUP(S) to be monitored (high-risk, problem-prone, or low-volume groups only)	**Sample Size** *Percentage or number of charts to be reviewed*	**Frequency of Review** *(Weekly, Monthly, Quarterly)*	**Designated Personnel** *Individual who will compile data.*
Diabetes Type 2 with BMI > 31 Measure weight and Hgb A1C Obtain continuous BG monitoring results, if applicable	10 charts	Quarterly	Office Manager/ Auditor to present to CRNP/Physician
COPD with 3 or more exacerbations Pulse oximetry, cough, Activity tolerance, sleep	5 charts	Quarterly	

Here's an example of how the QA plan may look if using the sample document on the ABN website.

First, you will identify the patient population, determine the sample size and the frequency of the patient reviews, as well as the staff who will be designated to complete the reviews.

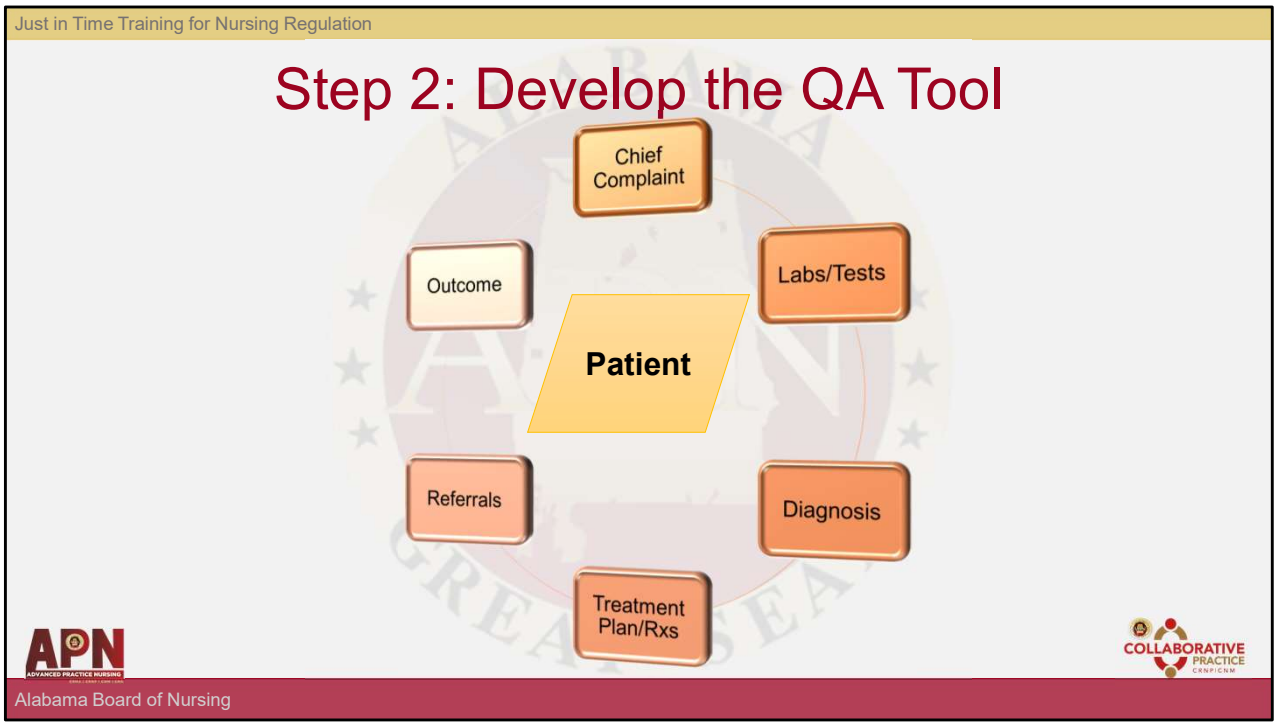
Be sure that the plan & tool identify specific data points to include, such as specific labs, treatment plan, prescribing for effectiveness, patient outcomes, patient referrals, and all adverse patient outcomes.

Finally, a summary of findings and recommendations must be included.

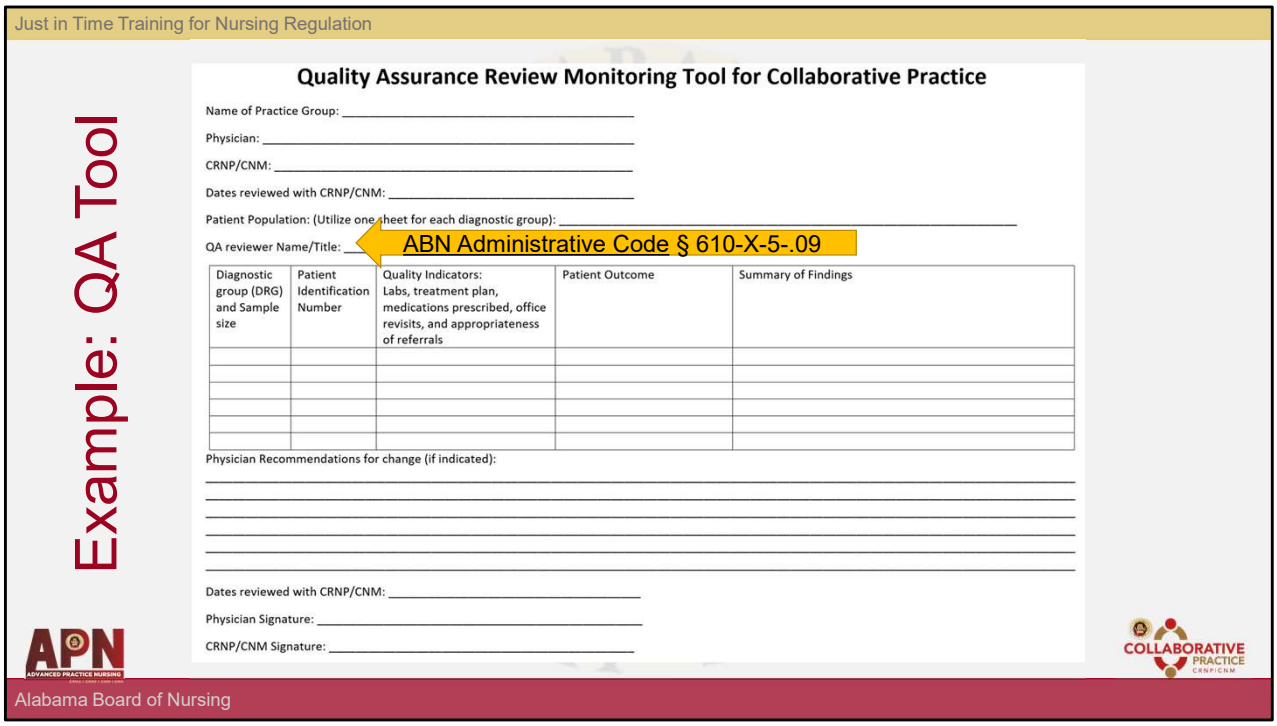
QA Plan: Adverse Outcomes

LIST PATIENT DIAGNOSIS GROUP(S) to be monitored (high-risk, problem-prone, or low-volume groups only)	**Sample Size** *Percentage or number of charts to be reviewed*	**Frequency of Review** *(Weekly, Monthly, Quarterly)*	**Designated Personnel** *Individual who will compile data.*
Diabetes Type 2 with BMI > 31 Measure weight and Hgb A1C Obtain continuous BG monitoring results, if applicable	10 charts	Quarterly	Office Manager/ Auditor to present to CRNP/Physician
COPD with 3 or more exacerbations Pulse oximetry, cough, Activity tolerance, sleep	5 charts	Quarterly	
Adverse outcomes	100%	Immediately	MD and CRNP/CNM

Remember that all adverse outcomes must also be included in the documented QA plan. All adverse outcomes must be reviewed without exception,. Ideally, this review would take place immediately, and would not wait until the next scheduled QA meeting. Recommendations should be clearly articulated and may be added into future monitoring.



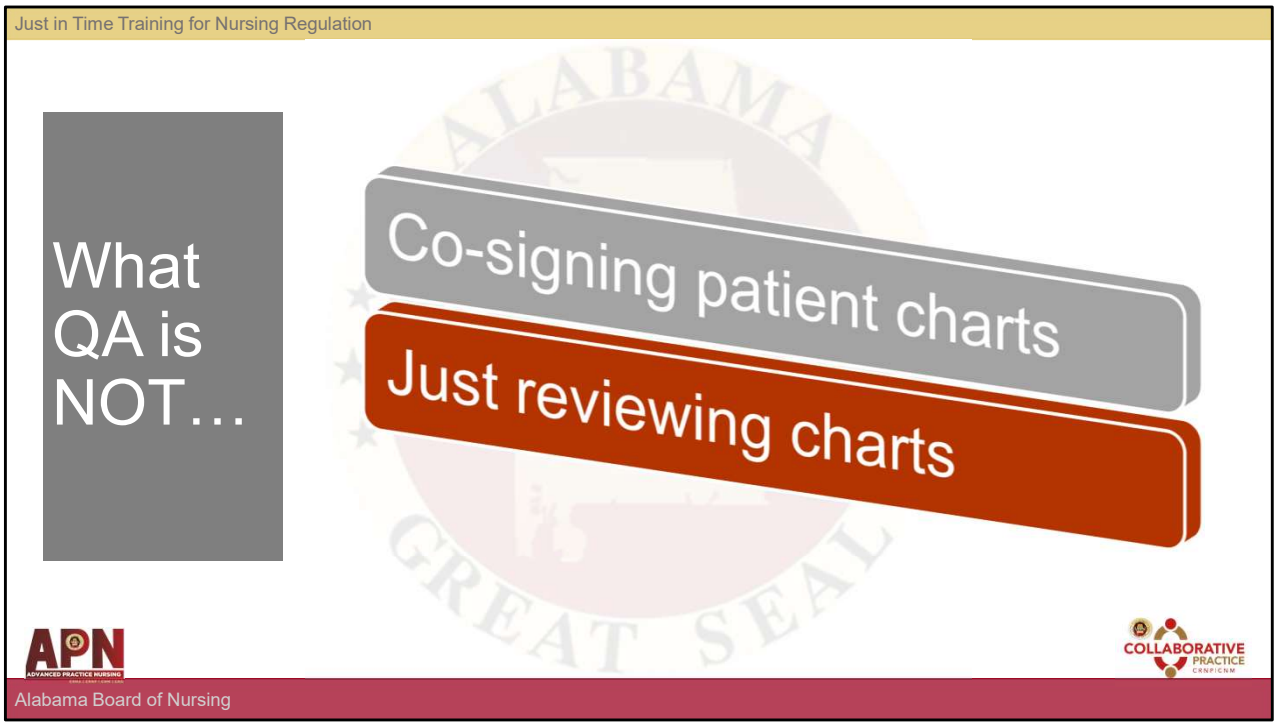
Step 2 is developing the QA Tool. Consider all aspects of the patient care continuum for the practice site from point of entry to final diagnosis and patient outcome.
The monitoring tool should be reflective of the QA plan document and show what demonstrates effective patient care and patient outcomes. The tool must include a section to document the summary of findings and the physician's recommendations for change. The recommendations for change should come from the collaborating physician and not the reviewer unless the identified reviewer is also a physician.



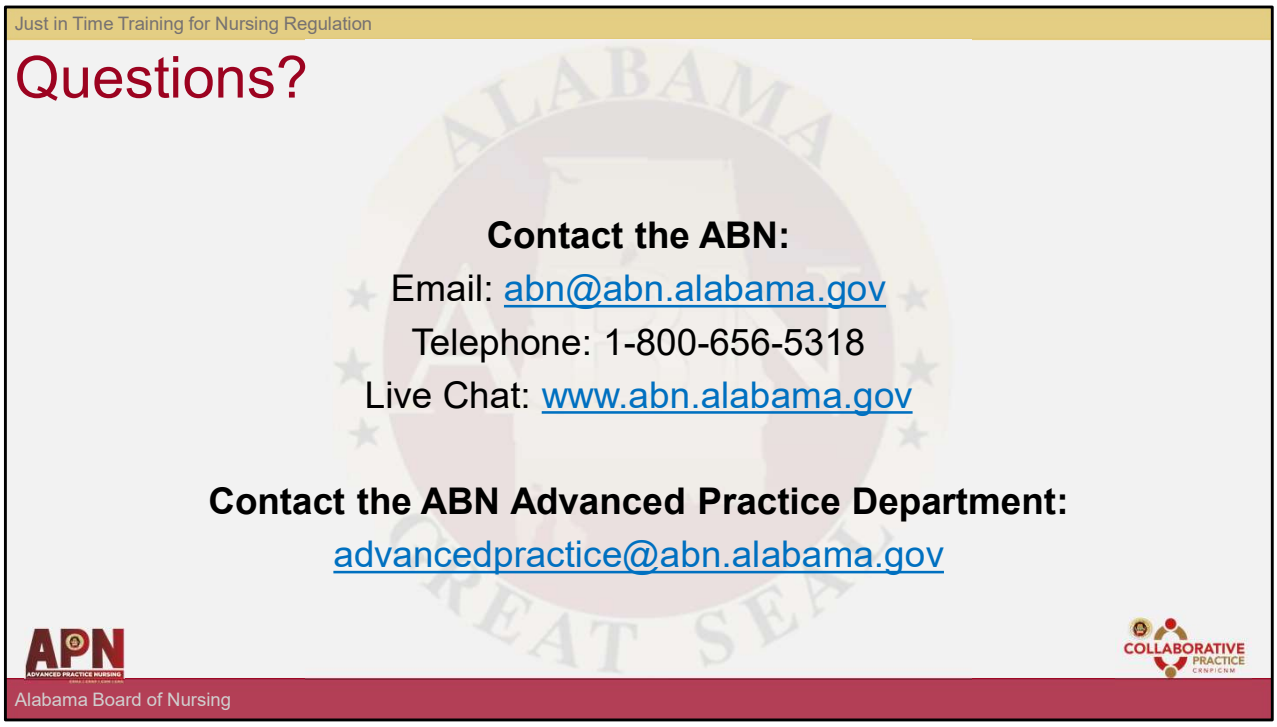
According to the rules, QA monitoring may be performed by designated personnel, with results presented to the physician and certified registered nurse practitioner for review. It is important to note that the individual who completes the review should be competent in quality assurance reviews and know what indicators to review for appropriateness of care. The tool does not have to be completed by the CRNP/CNM or the physician, but they are still required to review it. The QA reviews should remain on file at the practice site and be easily retrievable for site visits by the ABN or ABME.

Meetings of the Quality Assurance Committee should be held at least quarterly with regular distribution of an agenda, minutes, and attachments to all committee participants, which at minimum would be the physician, the APRN, and the reviewer, if applicable.

All activities should be recorded in the minutes of the meeting, including a synopsis of the discussion of agenda items, conclusions and actions taken, recommendations, and any follow-up monitoring required. Minutes and all relevant attachments must be maintained & kept on file at the practice site for at least three years.



Finally, it is important to note that QA is not simply co-signing patient medical records or the patient's chart. Further, reviewing patient charts one day per quarter while on site also is not quality assurance.



If you still have questions, feel free to contact the ABN via email, telephone, or live chat.